## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

SECTION 1 - General Information [Please read instructions before completing and for Notice regarding public burden.]

SECTION II - Full-Time Employees. Year Report Filed 1. Name and Mailing Address of Respondent Sacred Wind Communications, Inc 5901-J Wyoming Blvd NE #266 Albuquerque, NM 87109 2018 Reporting Period (Ending Date of Pay Period Covered by Report) February 2018 4. Number of Full-Time Employees during Selected Reporting Period (check one):
a. Fewer than 16 (complete Sections I, IV, and V only)
b. 16 or more (complete all sections) Check here if this is a change of address.

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SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	ination Co	mplaints Pursu	ant to 47 CFF	₹ 22.321, 23.5	5, 90.168, 10	1.4, and 101.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.  (Attach a list indicating parties involved, date filed courts or approvise hefore which the matter has been been filed.)	Commission body havin Commission Commission to parties in	n that no comple g competent juri n that the followi	aints regarding sdiction in suc sdiction in suc ng complaints or ac	y violations of the matters during the matters during the salleging violations hetero	the equal emping the calend	ovisions of ar	isions of Fede ed by this rep	ral, state, tem ort.	itorial, or local	l statutes hav	tatutes have been filed against this ve been filed against this	gainst this company.		
SECTION V - Certification  Learlify that to the best of my knowledge, information, and belief all statements in this report are true and correct.	vledge, info	rmation, and be	lief all statem	ents in this re	nort are to be	nd correct								
Date Typ	ped or Print	Typed or Printed Name of Person Signing	son Signing			Signature						Telephone No.	0.	
	Janice Badal	Badal				1	4	7/	J.	(		(505) 9	(505) 908-2665	
Director of External Affairs	A ffair	פ		OF ANY STA	WILLFULLY FALSE STATEMENTS MADE ON/THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 33) (AVI.) AND/OR FOREST IDE (47 U.S.C. 502)	EMENTS MA	DE ON/THIS	FORM ARE.F	UNISHABLE	BY FINE ANI	D/OR IMPRIS	ONMENT (18	U.S.C. 1001)	AND/OR REV